



North Carolina Board of Landscape Architects

Post Office Box 41225 • Raleigh, NC 27629-1225 • Telephone 919-850-9088 • Fax 919-872-1598
Email rmupton@bellsouth.net

EMPLOYER VERIFICATION FORM

Re: _____

Dear Employer:

The individual listed above has applied to the North Carolina Board of Landscape Architects to become registered as a Landscape Architect under the provisions of Chapter 89-A of the General Statutes of North Carolina. You are listed as the current or former employer of the individual.

Please complete the form below pertaining to this individual. The information will be treated confidentially. The information is essential if the Board is to approve the individual's application. Than you for your assistance.

1. Was the applicant ever in the employment of your firm? Yes () No ()
2. Please give the dates of employment. From: _____ To: _____
(Mo/Day/Year) (Mo/Day/Year)
3. Give a brief description of duties and responsibilities.

4. Please indicate the applicant's activities by checking the following list:

- | | | |
|---|---|--|
| <input type="checkbox"/> General Design | <input type="checkbox"/> Planting Plans | <input type="checkbox"/> Land Use Planning |
| <input type="checkbox"/> General Drafting | <input type="checkbox"/> Specification Writing | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Construction Details | <input type="checkbox"/> Cost Estimating | <input type="checkbox"/> Renderings, Perspective |
| <input type="checkbox"/> Grading Plans | <input type="checkbox"/> Supervise Construction | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Recreation Planning | <input type="checkbox"/> Supervise Planting | <input type="checkbox"/> Teaching |

5. What is your opinion of the applicant's competency?

| | Excellent | Satisfactory | Unsatisfactory |
|------------------------------|-----------|--------------|----------------|
| Technical Knowledge | _____ | _____ | _____ |
| Professional Experience | _____ | _____ | _____ |
| Reputation in the Profession | _____ | _____ | _____ |

6. Are you a registered Landscape Architect? Yes () No () If so, please list state(s) and Registration Number.

STATE _____
REG. NO. _____

Signature: _____ Date: _____

Name (typed): _____
Title: _____
Firm: _____
Address: _____
City: _____ State: _____ Zip: _____

Use the reverse side for additional information and/or comments